STATE OF IDAHO
DEPARTMENT OF INSURANCE
700 WEST STATE STREET, 3rd FLOOR
PO BOX 83720
BOISE, ID 83720-0043

FOR DEPARTMENT USE ONLY	1025

CONTINUATION FEE STATEMENT RATING ORGANIZATIONS

COMPANY NAME	
MAILING ADDRESS	DOMICILE STATE
Rating Organization licenses are issued a revoked by the Director, pursuant to pro IDAPA 18.01.44.03.a.xii.	and remain in effect for one (1) year, unless suspended one ovisions of the Idaho Code § 41-1415 and 41-1416 and
Your annual license renewa	al is due on or <u>before</u> March 1, 2006.
Annual Contin	nuation Fee is \$500.00
Make your check payable to There will be a \$20.00 char Your canceled check is you	o: Idaho Department of Insurance. ge on all returned checks. Idaho Code § 28-22-105 r receipt.
Date	Signature of Company Official
(
Telephone Number Ext.	Name (Type or Print)
	Title